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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/965,854
Filing Date	October 1, 2001
First Named Inventor	Kurt Zarefoss
Art Unit	3623
Examiner Name	DESHPANDE, KALYAN K
Attorney Docket Number	5892-16

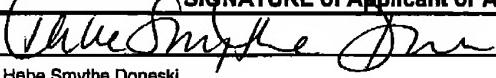
I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 22,442 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 22,442**OR**

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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Hebe Smythe Doneski		
Date	27 Feb. 2008	Telephone	(480) 308-3000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.

 *Total of _____ forms are submitted.

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